

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-010817

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 64Primary Registration District No. 5247

Registrar's No. \_\_\_\_\_

FILED MAR 25 1963

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Salisbury township</u>		c. CITY OR TOWN <u>Salisbury township</u>	
Length of stay in lb <u>life</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3 1/2 mi. So. of Salisbury</u>		d. STREET ADDRESS (If outside, give location) <u>3 1/2 mi. So. of Salisbury</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>James Oliver Fitzpatrick</u>		4. DATE OF DEATH Month Day Year <u>March 22, 1963</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/25/1867</u>
9. AGE (last birthday) <u>96</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Farm</u>	
11. BIRTHPLACE (City and state or country) <u>Chariton Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>John Fitzpatrick</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Jane Mason</u>	
14. NAME OF HUSBAND OR WIFE <u>Elsie Fitzpatrick</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>no</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT <u>Mrs. George Gooch, Salisbury, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). <u>Congestive Circulatory failure</u> DUE TO (b). <u>Arterio Schlerosis</u> DUE TO (c). <u>Senility</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>72 hrs.</u> <u>5yrs</u> <u>2yrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____		20c. TIME OF INJURY. Hour a.m. p.m. Month, Day, Year _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
20f. CITY, TOWN, OR LOCATION _____		COUNTY STATE _____	
21. I attended the deceased from <u>Mar 11, 1963</u> to <u>Mar 22, 1963</u> and last saw him alive on <u>Mar 21, 1963</u> Death occurred at <u>Home</u> , <u>Mar. 22, 1963</u> at <u>2a</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>E. L. Eichhorn D.O.</u>		22b. ADDRESS <u>Salisbury, Missouri</u>	
22c. DATE SIGNED <u>3/23/63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
23b. DATE <u>3/24/63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Salisbury City Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Salisbury, Mo.</u>		24. FUNERAL DIRECTOR <u>Chas. B. Winkelmeyer, Salisbury, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>Mar 23, 1963</u>		26. REGISTRAR'S SIGNATURE <u>Donald W. Perry</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by Donald W Berry, Student Embalmer No. 674

working under my personal supervision.

Student Donald W Berry  
Signature of Student Embalmer

Signed Chas B Winkelmeier

Licensed Embalmer No. 3842

P. O. Address Salisbury Ma.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.